



NEW CLIENT SETUP QUESTIONNAIRE

Your information will not be shared or sold.

Section 1 - Personal and Contact Information (PRINT)

First & Last Name: _____

Mobile Phone: (____) _____ - _____ Other _____: (____) _____ - _____

Address (Street/City/Zip): _____

**QUALIFY for PROMOTIONS – Fill out Email & Birthday*

Email Address: _____ Birthday (mm/dd/yyyy) _____

Are you over 18 years of age: Yes / No

Gender: Male / Female

How were you referred to Refresh Salt Room: _____

Emergency Contact: _____ Phone: (____) _____ - _____

What has you interested in trying the Salt Room? _____

Symptoms? _____

Have you experienced alternative therapy before: Yes / No

Section 2 - Payment Information - **SKIP if not using a credit card in person.**

Credit Card/Debit/Gift Card (circle one): Amex / MasterCard / Visa / Discover / Bank Card/ Gift

Account Number: ____ | ____ | ____ | ____

Expiration: ____ (month) | ____ (year)

3 or 4 (American Express) Digit Security Code: ____

I hereby authorize Refresh Salt Room, LLC. to bill my credit/debit card for services purchased in full or in the form of a monthly unlimited contract. This authorization is for current and future purchases. The above credit/debit card information will be retained on a secure client record.

Print Name: _____ Signature: _____ Date: _____